Listening Session for the
2005 White Conference on Aging – Post Event Summary Report

Background Information

The 2004 Indiana Governor's Conference on Aging was held on December 7-8, 2004 at the Westin Hotel, Indianapolis, Indiana.

White House Conference on Aging Policy Committee members present: Dr. Alexandro Apparicio, M.D. and Mr. Robert Blancato. Mr. Remy Aronoff was the WHCoA staff member present.

Number of persons attending the conference: 525

Total participants registered to testify: 10
Total testified: 8 (2 additional testimonies turned in, but not presented due on time constraints)

Sponsoring Organization: The Indiana Bureau of Aging and In-Home Services

Bureau of Aging and In-Home Services Contact: Peri Rogowski, Assistant Director

Telephone Number: 317-232-1734 Email: Peri.Rogowski@fssa.in.gov

Priority of Testimony

1. Specific Issue - Older Workers

America is nearing a massive demographic shift, as millions of baby boomers enter retirement and the nation's median age rises dramatically. If we remain on our present course, America will face labor shortages, government deficits, and a decreased standard of living for years to come. We must respond with new policies that encourage greater workforce participation by older workers. In poll after poll, older workers report a desire to continue working past traditional retirement age. And they are capable. Today's older workers are healthier than any previous generation and work in a service-oriented economy that emphasizes brain power over brawn.

Barriers

Unfortunately, older workers and employers alike are limited by outdated perspectives, counterproductive pension plans and human resource practices, and misdirected government policies. Many employers mistakenly believe that moving jobs off-shore, increasing immigration quotas, or productivity enhancements through technology will stem the labor shortage, but these will only have a minor impact on a potential mega-problem. Older workers will be an essential workforce ingredient in the future.

Proposed Solution(s)

There are many specific actions that we can take to maintain older workers participation. Stereotypes about the older worker must be combated. Pension plans that create incentives for workers to retire must be altered. Comprehensive human capital planning is a must. But we should not undertake isolated actions. Changing demography will impact every component of

society; accordingly, our response must be comprehensive and coordinated. The work begun in the business, academic, and public spheres must be tied together into a cohesive whole. The field of older adults and work is not simply an interesting field of study. It must be made a national priority. Social Security, created in 1935, is today distorting the labor market in ways its creators could not have predicted. The program's earning limits and retirement ages must be altered to remove disincentives to work and protect fiscal solvency. Defined benefit pension plans must be revised as well. Millions of Americans have pensions that were designed for a unionized, manufacturing economy. These plans actually penalize worker for working past retirement age. In fact, the plans often go so far as to encourage workers to retire before normal retirement age! As with Social Security, policy changes need not force people to continue working, but we must stop punishing those who wish to continue to work, and the playing field must be level. Outdated business practices and policies are also contributing to the problem. Human resource practices formulated to help highly-educated baby boomers enter the workforce in the 1960s are today pushing those same highly-educated baby boomers out of the workforce. When employers offer early retirement programs instead of phased retirement, and career dead ends instead of training opportunities, it is no surprise that so many older workers drop out of the work force. Instead, we must begin to offer older workers the opportunity to further their careers.

2. <u>Specific Issue</u> – Mental Health and Aging

Assure access to an affordable and comprehensive range of quality mental health and substance abuse services including:

- outreach
- home and community based care
- prevention
- intervention
- acute care
- long-term care

Improve and effectively coordinate benefits, at all government levels, for those individuals who are dually eligible for Medicare and Medicaid coverage; promote the development and implementation of home and community-based care as an alternative to institutionalization through a variety of public and private funding mechanisms; promote older adult mental health and substance abuse services research and coordinate and finance the movement of evidence-based and emerging best practices between research and service delivery; support the integration of older adult mental health and substance abuse services into primary health care and community-based service systems; promote screening for co-occurring mental and substance use disorders by primary health care, mental health and substance abuse providers and encourage the development of integrated treatment strategies; and increase collaboration among aging, health, mental health and substance abuse consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies to promote more effective use of resources and to reduce fragmentation of services.

<u>Barriers</u>

Shortage of older adult providers who have experience/expertise in mental health and substance abuse, lack of federal funding to introduce geriatric course work or rotation for all students that includes promotion of evidence based and emerging best practices and skills in treating people with co-occurring mental and addictive disorders; lack of federal programs to promote interdisciplinary training and education; states need to revise licensing and continuing education

requirements so that geriatric mental health, behavioral health and substance abuse is required for all licensed health, mental health and social services professionals.

Proposed Solution(s)

Actively seek to attract new providers in mental health, and substance abuse for older adults by expanding geriatric traineeships for psychiatrists, social worker, nurses, psychologists and other health professionals such as occupational therapists, physical therapists, counselors, pharmacists, and targets national financial incentives such as loan forgiveness programs and continuing education funding; require that professional mental health or behavioral health education programs that receive federal funding introduce geriatric course work or rotation for all students that includes promotion of evidence based and emerging best practices and skills in treating people with co-occurring mental and addictive disorders; require federal programs to promote interdisciplinary training and education; encourage states to revise licensing and continuing education requirements so that geriatric mental health, behavioral health and substance abuse is required for all licensed health, mental health and social services professionals; eliminate disparities in reimbursement between geriatric mental health, behavioral health and substance abuse practice and other areas of mental health and health care practice.

3. Specific Issue - Volunteerism

Support of persons 55 years and older to actively remain engaged with their communities through volunteerism

Barriers

Special attention needs to be focused on seniors who are 55 – 80+ and their various stages and levels over time and their abilities. There is a lack of creativity in the community in keeping the 80+ senior actively engaged. This could lead to depression. Other barriers include a lack of tolerance of the younger generation with many seniors and seniors lacking in experience with new technology. Finally, many seniors have transportation issues limiting or prohibiting them from actively volunteering.

Proposed Solution(s)

Intergenerational projects could be an appropriate interaction tool for seniors that have tolerance challenges with the younger generation. With assistive technology (for those seniors who have a disability or who have low vision) senior would benefit from one-on-one instruction. For solutions on transportation issues, please see issue/solution #6.

4. Specific Issue – Nutrition and Aging

Nutrition programs will need to reassess and possibly redesign menus, service delivery methods and ancillary services offered to meet the expectations and desires of this new population, while continuing to serve those currently receiving services. Programs will have to balance these demands while adhering to federal nutritional standards in an ever-tighter budget environment.

The OAA nutrition programs and services have a great effect on several of the key issue areas the Policy Committee has identified. Nutrition is the most basic of human needs and therefore significantly impacts the health and long-term living of older Americans. Through the nutrition programs, seniors above the age of 60 can receive a meal at a congregate site or through a home-

delivered program that provides one-third of their daily recommended nutritional intake. This provides a greater health status to seniors who otherwise might not be able to achieve proper nutrition. The nutrition programs also allow seniors to remain independent and in their homes instead of being prematurely institutionalized. As long-term care needs grow with increased life expectancy, home and community-based services will play an integral part in maintaining the dignity, independence, and health status of many seniors.

Nutrition programs under the OAA provide many opportunities for social engagement in both congregate and home-delivered meal programs. We depend on help from Senior Centers and community locations to do this. It cannot be stressed enough that congregate programs are more than just a meal – they provide an opportunity for education and socialization and allow seniors to maintain community ties and stay active in society. In the home delivered program the meal delivery is at times the only chance for an isolated senior to engage in human contact. We also provide seniors with opportunity to remain active by volunteering and civic involvement.

Barriers

Changes to the Title V Program, Senior Community Service Employment Program, which has been changed to more of an employment and training program.

Proposed Solution(s)

Engage baby boomers in discussions about future directions of present day service programs for the elderly to ensure their participation; recognize the crosscutting value of good nutrition to the physical and mental health of older persons; examine the cost effectiveness of the Older Americans Act nutrition programs as well as the Senior Farmers Market Nutrition Program and recommend ways to strengthen these programs in the future; recommend a regular review of the nutritional value of these programs with a special focus on having these meals be culturally and generational responsive; ensure the strongest possible commitment to food safety in all these programs. Review the impact the Title V program has and will have on low income seniors.

5. Specific Issue - Vision and Aging

As the largest population group in history move into middle age, the incidence of individuals with low vision among middle aged and older Americans will rise. In one decade, a figurative blink of an eye when all of the nation's baby boomers are 45 and older, 20 million will report a visual impairment. That means by the year 2010, 20 million boomers will experience significant functional vision problems even when wearing glasses or contacts.

Barriers

People with low vision have difficulty with everyday activities, such as reading the newspaper, recognizing familiar faces, or working at their jobs. Many people become socially isolated because they can no longer enjoy activities such as playing cards or going to a movie. The health of people with low vision may be compromised when they cannot recognize medications or read labels, or nutritional information on food packages. Visual impairment can lead to a loss of independence and affect people's ability to move

about safely, make decisions, and communicate with others. Injuries from falls, burns from preparing meals and automobile accidents are also a concern.

Proposed Solution(s)

It is important to find new ways of accomplishing routine daily tasks. These new skills will enable the individual to continue to live independently and productively, without the need for costly in-home or nursing home care.

Specially trained vision rehabilitation therapist, orientation and mobility specialists, low vision specialists provide training for the essential skills for living with vision loss.

A typical rehabilitation plan for a person with low vision includes instruction in how to use environmental cues, offer suggestions for modifying a person's home or job site for improved lighting and reduced glare. Use of the white cane for mobility and training on computers and adaptive devices enable people with visual impairments to remain productive and economically independent. Innovations in technology and appropriate training have the power to positively impact the astonishing 70 percent unemployment rate among people with vision loss.

S.1095/H.R.1902 will ensure access to Medicare-covered vision rehabilitation services for older adults who are blind or partially sighted. These vital services promote safety and independence, prevent injuries and further disabilities and reduce health care and dependency costs for older Americans. With the passage of the Consolidated Act of 2004 (the Omnibus bill), an exciting five year demonstration project will be launched, beginning July 1, 2004, to provide national coverage for vision rehabilitation services, which includes services provided by rehabilitation professionals. In addition, the Act includes report language that clarifies and reinforces the purpose of the policy study legislated by the Medicare Prescription Drug bill. The Appropriations Act specified that by January 2005 the Federal Centers for Medicare and Medicaid Services (CMS) develop policy recommendations that will allow vision rehabilitation professionals to provide services in patients' homes.

6. Specific Issue – Mobility and Rural Transit Issues

The population in many rural areas will experience a profound shift as seniors stay on the homestead and young people move out. Seniors ability to obtain public transportation for medical appointment and quality of life events is becoming a serious concern to rural communities.

Barriers

In rural areas the challenges also include smaller tax base, communities that frequently have higher rates of poverty, unemployment, and less infrastructure available.

Proposed Solution(s)

Solutions to mobility issues of seniors in rural areas include:
Enhanced regional transportation options. Housing in rural areas is frequently more affordable than in larger urban areas. There needs to be more transportation connections to see specialist, medical providers, and regional shopping and services. Enhancement can be achieved through:

- More funding for rural public transit
- Regulations that promote grouping many municipalities into regional service areas.
- Coordinated transportation services in rural areas are allowed to waive administrative rules and procedures that can be shown to stand in the way of cost-effective transportation solutions.
- Rewards for coordination
- Enabling Medicare to pay for more than just emergency medical transportation. For example, Medicare will now pay for the ambulance ride to the hospital if you have a heart attach, but not the ride to the cardiologist to prevent a heart attach.

Alternative methods of mobility enhancement:

- Enhancing community infrastructure including improved sidewalks, longer time for pedestrian to cross the street
- Methods for communities to integrate electric vehicles like golf carts into their mobility mix.
- Making it against the law for insurance companies to raise a driver's insurance rate if they are providing voluntary transportation.
- Enabling transportation providers to cooperate regionally (across town, county even state lines) for insurance